

**DEPARTMENT OF PUBLIC SAFETY
BUREAU OF CONSOLIDATED EMERGENCY COMMUNICATIONS**

**E911 TELEPHONE CALL RECORDING TRANSCRIPT
REQUEST FORM**

REQUESTOR INFORMATION:			
Name:			
	(LAST NAME, FIRST NAME, MIDDLE NAME)		
Mailing address:			
	(STREET, CITY/TOWN, ZIP CODE)		
Street address:			
	(STREET, CITY/TOWN, ZIP CODE)		
E-mail address:		Telephone no.	()
INFORMATION REGARDING THE E911 TELEPHONE CALL RECORDING TO BE TRANSCRIBED:			
Date of call:			
Time of call:			
Location of where the call originated (municipality/county):			
Name of person making the call:			
Telephone number from which the call was placed:			

NOTE: The fee for a Bureau of Consolidated Emergency Communications E911 telephone call recording transcript is fifteen dollars (\$15.00) for the cover and first page of the transcript (\$15.00 total for both pages), and then five dollars (\$5.00) per transcript page thereafter. Once you have received the transcript you are requesting through use of this form, please remit payment of the fee for the transcript to the mailing address provided below. The fee may be paid with a check or money order made payable to "Treasurer, State of Maine."

Once you have completed this request form, please mail, fax, or e-mail the form to Clifford Wells, Director of the Bureau of Consolidated Emergency Communications.

Mailing address: Maine Department of Public Safety
Bureau of Consolidated Emergency Communications
Attn: Mr. Clifford Wells
45 Commerce Drive, Suite 1
42 State House Station
Augusta, Maine 04333-0042

Fax: 287-3042
E-mail address: clifford.s.wells@maine.gov

**E911 TELEPHONE CALL RECORDING TRANSCRIPTS SHALL BE PREPARED AND RELEASED BY THE
DEPARTMENT OF PUBLIC SAFETY IN ACCORDANCE WITH THE PROVISIONS OF 25 MRSA § 2929.**